

FILED 5 AUG '19 10:48 USDC-ORP

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

Portland DIVISIONJose Omar Ortiz Rico

(Enter full name of plaintiff)

Plaintiff,

v.

Civil Case No. 2:19-cv-1211-mc
(to be assigned by Clerk's Office)COMPLAINT FOR VIOLATION OF CIVIL
RIGHTS (PRISONER COMPLAINT)Brad Cain, Superintendent Jury Trial DemandedGarth Gulick, Medical Doctor ☒ Yes ☐ NoVictor Ishida, Physician Assistant

(Enter full name of ALL defendant(s))

Judy Gilmore, Assistant Superintendent

Defendant(s).

I. PARTIES

List your name, address, and telephone number below, and the same information for each defendant. Make sure that the defendant(s) listed below are identical to those contained in the caption of the complaint. Attach additional sheets of paper if necessary.

Plaintiff

Name: Jose Omar Ortiz Rico / SKCI
Street Address: 777 Staton Blvd
City, State & Zip Code: Ontario, OR, 97914
Telephone No.: 1-541-881-5000

Complaint for Violation of Civil Rights (Prisoner Complaint)

[Rev. 01/2018]

1

Defendant No. 1

Name: Brad Cain (Superintendent)
 Street Address: SRCI ~~Blvd~~ 777 Staton Blvd.
 City, State & Zip Code: Ontario, OR 97914
 Telephone No.: 1-541-881-5000

Defendant No. 2

Name: Judy Gilmore (Assistant Superintendent)
 Street Address: SRCI 777 Staton Blvd.
 City, State & Zip Code: Ontario, OR 97914
 Telephone No.: 1-541-881-5000

Defendant No. 3

Name: Garth Gulick (Medical Doctor)
 Street Address: SRCI 777 Staton Blvd.
 City, State & Zip Code: Ontario, OR 97914
 Telephone No.: 1-541-881-5000

Defendant No. 4

Name: Victor Ishida (Physician Assistant)
 Street Address: SRCI 777 Staton Blvd.
 City, State & Zip Code: Ontario, OR 97914
 Telephone No.: 1-541-881-5000

II. BASIS FOR JURISDICTION

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. You are bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. What federal constitutional, statutory, or treaty right(s) is/are at issue?

The Eighth Amendment prohibition against cruel and unusual punishment, Oregon statute Time of limitation, two year time of limitation.

III. STATEMENT OF CLAIMS

Claim I

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

First finding fact; Garth Gulick
(Medical Doctor, Provider). Person in
charge of the Medical Department
who is under the supervision of
the Superintendent. September 27th -
October 2nd 2018 (Garth) provided
an Evaluation and Treatment of
Hematospermia, suggested I to be sent
to the infirmary that would run a two
year time limit past-due from August 15th, 2017.
Causing signs of physical pain through-out
my mind & body. (See attachments for injuries)

Claim II

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

Second finding fact; Victor Ishida
(Physician Assistant). Person under

the supervision of the Provider and Superintendent. August 15th 2017 (Victor Ishida) provided a medical procedure and prescribed medication after ten month's of neglect without the approval of/from a Urologist Specialist, Causing bleeding, damage to my body and mind, also known as injury. (See attachments for injuries)

Claim III

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

Third finding fact; Brad Cain (Superintendent), Judy Gilmore (Assistant Superintendent). (Brad) Person in charge of the Institution, Staff, Inmates (beneficiaries or claimant's) and person responsible to any issues raised or addressed. (Judy) granted me permission upon request the form of compositions, poems and writings that identifies my emotional state to pain & suffering testimony also known as injury. (See attachments for dates, injuries and incidents)

(If you have additional claims, describe them on another piece of paper, using the same outline.)

IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

I have filed for administrative relief as to all claims in Section III and have concluded all administrative appeals available to me.

☒ Yes

☐ No
V. RELIEF

State briefly exactly what you want the court to do for you and the amount, if any, of monetary compensation you are seeking. Make no legal arguments. Cite no cases or statutes.

I want the court's to grant me an attorney who will present my case as - a Covered Disease or as Negligence and Malpractice.

AND

Sum Amount of Compensation Demanded
\$ 1,077,995.00 For damage done /
For pain & suffering / Also for permanent injury

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 31st day of July, 2019.

Jose Omar Ortiz Rico

(Signature of Plaintiff)



Oregon

Kate Brown, Governor

April 19, 2019

Department of Administrative Services

Enterprise Goods & Services - Risk Management

PO Box 12009

Salem, Oregon 97309

PHONE: 503-373-7475

FAX: 503-373-7337

JOSE O. ORTIZ-RICO

SID# 13777922

SRCI

777 STANTON BLVD

ONTARIO, OR 97914

Re: Claimant: Jose O. Ortiz-Rico
Claim Number: L166597
Date of Loss: Unknown (August 15, 2017 referenced)

Re: Acknowledgment

We have received your notice of claim.

We are currently conducting an investigation through the Oregon Department of Corrections and will contact you when it is completed.

The investigation may take some time. We appreciate your patience in the interim.

INMATE CLAIMS UNIT

Jose Omar Ortiz Rico

April 10th 2019

TITLE OF DOCUMENTS

- GRIEVANCE FORM # SRCI 2018.10.161 (# of pages; 8 of 8)
- Returned Grievance Form / Date from 11/02/2018
- FIRST GRIEVANCE APPEAL FORM # SRCI 2018.10.161A (# of pages; 4 of 4)
- Returned Grievance Form / Date from 11/16/2018
- SECOND GRIEVANCE APPEAL FORM # SRCI 2018.10.161AA (# of pages; 4 of 4)
- Returned Grievance Form / Date from 12/07/2018
- EVALUATION AND TREATMENT OF HEMATOSPERMIA
- What is hematospermia? (# of pages; 2 of 2)
- What is Prostatitis? (# of pages; 2 of 2)
- Patient Profile
- Health Service Request / Date from 7/29/2017
- Health Care Request / Date from 9/27/2018
- Health Care Request / Date from 10/2/2018
- TAMASULOSIN 0.4 MG CAPSULES / Drug education (# of pages; 2 of 2)
- SMZ/TMP DS 800/160 MG TABLETS / Drug education (# of pages; 2 of 2)
- ODOC INMATE COMMUNICATION FORM / Date from 11/11/2018
- Junk-Layout/Blueprint outline of the Central Medical Department
- OAC/DOC DIVISION 109 Grievance Review System (# of pages; 9 of 9)
- OAC/DOC DIVISION 124 Health Services (# of pages; 6 of 6)
- Prisoners Self Help and References (# of pages; 2 of 2)
- Emotional, Mental and Physical Injury (Pain and Suffering (# of pages; 2 of 2))
- CHAPTER 9 HOUSE BILL 5020 (General Fund Obligations (# of pages; 2 of 2))

Tort Claim Notice/claim Number L166597

J.O.R.
Not
Included

J.O.R.

Not
included

J.O.R.
Not
included

Attorney Visitation and Phone Calls

Phone Procedures Inmate Legal Services:

- 1) Phone calls are scheduled through inmate legal services during operating hours (Mountain Time M-F 8:15-10:30 & 12:15-3:30 Mountain & M-F Pacific Time 7:15-9:30 & 11:15-2:30).
- 2) Phone calls are scheduled on the availability of phones, staff and operational needs of the institution.
- 3) All calls are limited to 2 ½ hours unless court ordered. Calls are limited to provide inmates availability to the phones.
- 4) Calls need to be scheduled 24 hours in advance so staff can schedule on institution call outs.

Notaries

Special Housing Notary's

- 1) Notaries are scheduled in SHU on Thursdays morning as long as staff is available.
- 2) All paperwork must be ready, do not sign paperwork until the notary is at your door.
- 3) If paperwork is signed prior to notary, notary could be denied.
- 4) If Paperwork is not ready at the door, notary could be denied.

General Population Notary's

- 1) Notary's scheduled for General Population will be placed on Friday morning.
- 2) All Notary Call outs can be denied and or changed due to staff and operational needs of the institution.
- 3) All paperwork must be in order, do not sign paperwork.
- 4) If paperwork is signed prior to notary, notary could be denied.
- 5) It is your responsibility to show up to the call out on time. If you do not show up on time then you will need to kyte for the next week to be rescheduled.

Inmate Legal Services schedules for the following:

1. Legal Calls
2. Videos
3. Notary's
4. Legal Paperwork received in my office.

Inmate Legal Services no longer provide the following service:

- 1) We no longer scheduled collect calls. AT&T does not allow collect calls.
- 2) I do not have forms or give legal advice, if you need legal assistant please kyte the Law Library in the Complex you live.
- 3) Birth Certificates and Social Security cards B-248 Records.
- 4) Visiting questions/applications you may contact the Inmate Services Unit at: Inmate Services Unit 2575 Center Street NE, Salem OR 97301, 503-378-2883

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ONALLY,
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FROM:

S.R.C.I.
Jose Omar Ortiz Rico
13177922
777 Staton Blvd.
Ontario, Oregon 97914

TO:

OREGON DEPARTMENT OF ADMINISTRATION
SERVICES / RISK MANAGEMENT
P.O. BOX
SALEM OR. 97309-0009

April 11th 2019



014

EP14F July 2013
OD: 12.5 x 9.5

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INSURANCE INCLUDED*



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* Domestic only

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.**FROM:**INSTITUTION S.R.C.I.NAME Jose Omar Ortiz RicoSID# 13777922ADDRESS 777 Stanton Blvd.CITY OntarioSTATE Oregon ZIP 97914**TO:**OREGON DEPARTMENT OF
ADMINISTRATIVE SERVICE
RISK MANAGEMENT
PO BOX 12009
Salem, Oregon 97309

PS00001000014

EP14F July 2013
OD: 12.5 x 9.5**VISIT US AT USPS.COM®**
ORDER FREE SUPPLIES ONLINE

POSTAGE

July 1st, 2019

Inmate Claims Unit:

Claim # L166597

I admit, this claim has me believing, where I believe, it is a given award. I'm so-lost for words. Though, my heart gives me an answer of/for the compensation amount; asked.

I'm having a better understanding of the events I've had to go through that is from Diagnosis, Misdiagnosis and Non-Diagnosis for not being referred to a Urologist Specialist.

Attachments I'm sending are Health Services Information; including: Progress Notes, Physicians Orders, Flow Sheet's, etc. Also, Division #160, Chapter # 125, from the Oregon Administrative Code, a Definition overlook, where the up-expected knowing part and incident that is a One Occurrence claim notice has had me feeling backwards. Again, where I hope with all my heart it's going to improve my health, meant to this date. Atleast, upon completion. God bless.

Jose Omar Ortiz Rico

Jose Omar Ortiz Rico

June 27th 2019

Oregon Administrative Code
Department of Administrative Services (Chapter # 125)
Administration and Benefits of the Inmate Injury System

125-160-0010: Definition(s)

“Final Benefit or Award” means the departments final notice of all benefits due to claimant. It is normally issued upon claimants request for reaffirmation or modification of the initial estimate. Benefits do not increase after final award appeal rights are exhausted.

“Training Benefit” means any training provided by Corrections during confinement that may improve the chances of employment.

“Claim” “Request” or “Application” means written requests delivered to the Department claiming benefits due to the claimant. Claims shall be on the forms or in the formats set from time to time by the Department. They shall be filed within the times set by these rules.

“Confinement” means the claimant, inmate or beneficiary, is held in the legal and physical custody of any government penal, or other agency or institution, under court order. Confinement stops permanently disability and death benefits.

“Covered Disease” means a disease or infection that meets all the fallowing tests.(a)(b)(c)(d)

“Covered Injury” means that injury which meets all the fallowing tests. (a)(b)(c)(d)(e)(f) ((g)
Unless the context clearly requires otherwise, covered injury also includes covered disease)

“Date of injury” means (a) For a covered injury, the day on which the accident occurred. (b) For a covered disease, the earlier of the date of first medical treatment or date of diagnosis of the covered disease. Date of injury shall not be later than two years after the last exposure to the alleged disease-causing substance in the authorized work or training assignment.

TORT CLAIM NOTICE
(ONE OCCURRENCE, PER FORM)

TO: OREGON DEPARTMENT OF ADMINISTRATIVE SERVICES
RISK MANAGEMENT
OFFICE OF THE EXECUTIVE DIRECTOR
PO BOX 12009
Salem, OR 97309-0009

FROM: CLAIMANT

Legal Full Name:	<u>Jose Omar Ortiz Rico</u>
Claimant's S.I.D. Number:	<u>13777922</u>
Claimant's Address:	<u>SRCI 777 Stanton Blvd</u>
	<u>Ontario, OR 97914</u>
Contact Number	<u>1-541-881-5000</u>
Date of Birth:	<u>March 22nd 1987</u>
Social Security Number:	<u>541-27-3945</u>
Location of Loss:	<u>SRCI, Medical Department</u>
Date of Loss:	<u>August 15th 2017</u>

Sum Amount of Compensation Demanded \$1,077,995.00

Pursuant to Oregon Revised Statute 30.275, Claimant gives notice that a claim for damages is or will be asserted against the public body or an officer, employee or agent of the public body. Below is a description of the time, place and circumstances giving rise to the claim, so far as known to the claimant.

July 29th 2017: I Jose Omar, completed a Health Service Request form. Where I requested the need of medical attention and care to my most urgent problem. Attached you'll find the Health Service Request, where I was limited to only one request for care. I circled a request for the Urinary. There are three types of sickness to choose from and I circled the third option, which is the option for Testicle problem. Since the date of July 29th 2017, I have been requesting medical care from September 2016 and was not provided any care (10 months of neglect (and no care from Snake River Correctional Institution (Central Medical))). August 1st 2017, the response to my health service request, from July 29th 2017 was, "to be scheduled to see the sick call nurse". Negligence.

August 15th 2017 (one occurrence): I Jose Omar, was prescribed medication to treat a severe illness without being referred to a specialist, nor sought an effort to call a nurse or provider down to the enclosed medical room, where I was unresponsive due to all the symptoms, pain and numbness I was experiencing throughout my body and mind; specifically in this one occurrence and the search for reason to this tort claim notice also being, (c) penetration of the anal area where they failed to fallow duties by health and good order (by a physician assistant, Victor Ishida) Rule order 109 Grievance Review System; Authority, Purpose and Policy. Also malpractice.

September 27th 2018: I explained over a year later finding strength and composure through a non-emergency request a health concern with my health due to trauma and continuing symptoms. I received a response from the RN the same day of September 27th 2018 saying, "scheduled to see nursing staff". On this date I requested to see Victor Ishida (physician assistant) who gave me the impression

(Page 1 of 3)

that he was a medical doctor and provider. I said on the request: I want to request and discuss the medication that was prescribed to me from a severe infection and inflammation I had. I'm a bit traumatized from the event's and it's been a year since I've taken the medication and want to know if this type infection has a name for the disease. Reason being is because I had Pneumonia at a very young age where the infection/inflammation was in the lungs. Looking to speak and meeting with you. Thank You.

October 2nd 2018: Between September 27th and October 2nd, I was actually seen by Dr. Gulick and given an evaluation form and treatment of Hematospermia stating specifically to be referred to a Urologist. On this health concern my response was, "I requested to speak with Victor Ishida, and was scheduled with Mr. Gulleck (which is spelled incorrectly) Mr. Gulleck said to speak with another RN for further questions or concern's from last appt with him. Discuss Hematospermia Eval. Patient Profile info. The medical staff's response was, "scheduled to see Provider. Additional Comments: You are scheduled to see Dr. Gulick next week". When the appointment arrived for the 2nd meeting; I advised Dr. Gulick that I was going to file a grievance report and at the last second, Dr. Gulick suggested I go to the infirmary (I immediately felt insulted at this second after going through humiliation). Being the last second from the way and manner our appointment was heading and the way I was being treated, for my safety and security, I continued with my decision and I understood that Mr. Gulick was going to delay the action I took next and that was filing a grievance and only then, effortlessly filing the appeals.

October 11th 2018: I Jose Omar, filed an original grievance at SRCI concerning medical staff failing to fallow duties by health and good order, stating four reasons from one incident on August 15th 2017 describing the action I wanted to resolve the grievance.

October 18th 2018: I Jose Omar, received a returned grievance form from Cox, K for Taylor J.

November 7th 2018: I received information on my medical condition confirming I see a Urologist who specializes in Urological problems.

November 14th 2018: Filed 1st Grievance Appeal Form requesting my grievance be granted where DOC may offer proper and reasonable care. During this time I met with staff members at the grievance department located at Property.

November 29th 2018: Filed 2nd Grievance Appeal Form and very specific (except a compensatory demand for relief) where I've sent all supporting copies/attachments for review explaining further that my original grievance and appeals have not been brought up to the full attention for the executive director or person in charge of the grievance department with supporting facts/details stating a demand to be seen by a Urologist. (Damage done and complete)

For the purposes of ORS 15.400 to 15.460: Section (3) "Injury" means physical or nonphysical harm to a person or property caused by the conduct of another person. If further information is desired, I can be contacted at the indicated claimant address. Any contractual offer of a method resolving my claim or other consensual obligation should be directed to me at the same address. Communication forms, grievances, attachments, incident reports that proves and substantiates my claim are provided.

Dated this 10th day of April, 2019

Claimant Signature
Jose Omar Ortiz Rico
SID # 13777922
777 Stanton Blvd.
Ontario, Oregon 97914

NAME AND ADDRESSES OF DEFENDANTS/STATE EMPLOYEES

Brad Cain, Superintendent,
Snake River Correctional Institution
777 Stanton Blvd.
Ontario, OR 97914

Judy Gilmore, Assistant Superintendent
Correctional Rehabilitation Services
Snake River Correctional Institution
777 Stanton Blvd.
Ontario, OR 97914

Dr. Gulick, Medical Doctor (Provider)
Snake River Correctional Institution
777 Stanton Blvd.
Ontario, OR 97914

Dr. Garth Gulick

Victor Ishida, Physician Assistant
Snake River Correctional Institution
777 Stanton Blvd.
Ontario, OR 97914

CERTIFICATE OF SERVICE

CASE NAME: JOSE OMAR ORTIZ RICO v. BRAD CAIN, SUPERINTENDENT – SRCI/ODOC

CASE NUMBER: (if known) ~~N-A~~ L166597

COMES NOW, Jose Omar Ortiz Rico, and certifies the following:

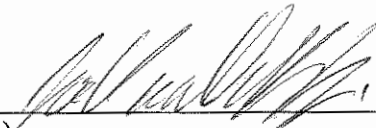
That I am incarcerated by the Oregon Department of Corrections at Snake Rive Correctional Institution.

That on the 10th day of April 2019, I personally placed in the Correctional Institution's mailing service A TRUE COPY of the following:

"Notice of Tort"

I placed the above in a securely enclosed, postage prepaid envelope, to the person(s) named at the places addressed below:

OREGON DEPARTMENT OF ADMINISTRATIVE SERVICES
RISK MANAGEMENT
OFFICE OF THE EXECUTIVE DIRECTOR
PO BOX 12009
Salem, OR 97309-0009

(Signature) 

Jose Omar Ortiz Rico
SID # 13777922
777 Stanton Blvd.
Ontario, OR 97914

Grievance # SRCI 2018.10.161
Staff Use Only

GRIEVANCE FORM

Inmate: Ortiz Rico, Jose Omar J.O.R 13777922 2-I/50-B
Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
- ☒ The lack of an administrative directive or operational procedure
- ☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- ☐ Any oversight or error affecting an inmate
- ☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- ☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- ☒ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 10/11/2018 3:45 PM

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

#1 Medical Malpractice. I was prescribed Meds to treat medical condition without referring me to a specialist. Specifically (c) Penetration of the anal area. They failed to follow doctor by health and good order. Rule order 109 Grievance Review system Authority Purpose and Policy. August 2017.

#2 Negligence. I received an evaluation to be referred to a urologist. And it was not done. This was known since 9-15-16

#3 Physical Injury. I felt pain through my body, feeling lack of strength, feeling Physical Stroke, Producing bleeding from mouth and genital area. also Vomiting blood. Continued on other grievance form.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Continue to attend to all my medical needs, As requested above.

10-25-2018

Date

Jose Omar Ortiz Rico
Inmate Signature

Distribution:

- White (Original grievance form)
- Yellow (Grievance file copy)
- Pink (Inmate receipt after processed)
- Goldenrod (Inmate copy)

For grievance information see back page

Receiving Facility
(if not processing facility)

Received at Processing Facility

Denied

OCT 30 2018
Date Stamp

Date Stamp

Grievance Office-SRCI

Grievance # _____

Staff Use Only

GRIEVANCE FORM

Inmate: Ortiz Rico, Jose Omar J.O.O.R. 13777922 Z.I/50.B
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
☒ The lack of an administrative directive or operational procedure
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
☐ Any oversight or error affecting an inmate
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
☒ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: _____

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

#4 Mental Stress- I was unable to concentrate or mindful of where I was, because of this I have been unable to perform work willingly, not having a clear mind.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

10-25-2018

Date

Jose Omar Ortiz Rico / Jose Omar Ortiz R.
 Inmate Signature

Distribution:

White (Original grievance form)
 Yellow (Grievance file copy)
 Pink (Inmate receipt after processed)
 Goldenrod (Inmate copy)

For grievance information see back page

Receiving Facility
 (if not processing facility)

Date Stamp

Received at Processing Facility

Date Stamp



Oregon Department of Corrections (ODOC)
Snake River Correctional Institution
Returned Grievance Form

To: Ortiz-rico, Jose Omar
From: Cox, K - for Taylor, J

SID #: 13777922
Date: 11/02/2018

Cell: SRCl:2I50B

Re: Non-Medical# SRCl_2018_10_161

The grievance you submitted is being returned to you due to non-compliance with the Department of Corrections (DOC) Rule #109 (Grievance Review System) for the following reason(s):

An inmate grievance may request review of just one matter, action or incident per inmate grievance form.

Lacks specific information; missed your call-out on this issue.

If you have any questions regarding grievances, please refer to the Department of Corrections Administrative Rule "Inmate Communication and Grievance Review System" tab #109 located in the Legal Library.

Grievance # SRC 2018.10.161A

Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: Ortiz Rico, Jose Omar 13777922 2.I/50.B
 Last First Initial SID# Cell/Block/Bunk #

(first appeal)

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I am writing in regards to my recent grievance form. I understand that your Dept had placed me on a call-out list. I am asking to be placed on call-out to be able to discuss my medical needs that were mentioned on my most recent grievance form. The reason I did not make it to my call-out that your Dept placed me on was due to the fact that on that day 1) I was that there was a lot of stress due to medical conditions and they had a shake down that day and was not able to make the call-out appointment. (2) On 11-7-18 I received new information on my medical condition suggesting symptoms I had. Suggesting I see a Urologist who specializes in Urological conditions

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I want my grievance to be granted where Doc may offer proper and reasonable medical care, and the attention needed. I need to have a meeting with the Dept in order to go over my medical grievance so that it can be resolved.

Nov. 14th 2018

Date

Inmate Signature

Receiving Facility
(if not processing facility)

Received at Processing Facility

Denied

NOV 15 2018

Grievance Office-SRC

Date Stamp

Distribution:

Green (Original grievance appeal form)

Yellow (Grievance file copy)

Blue (Inmate receipt after processed)

Pink (Inmate copy)

Grievance # SRCI 2018.10.161AA

Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: Ortiz-Rico Jose O. 13777922 2-I/50-B
 Last First Initial SID# Cell/Block/Bunk #

(Second appeal)

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I am turning this in within the last 14 days. Due to staff failing to follow duties by health and good order from a specific incident which happened in August 2017. I was seen by an assistant physician, who only provided basic medical services. When I was supposed to be referred to a Urologist per request. Due to symptoms experienced. Urologist may conduct tests to determine the cause of my symptoms, such as: blood in urine swelling in scrotum area and fever and chills. Therefore: ① My original grievance first appeal has not been attended to the appropriate director or person in charge of the grievance dept. with all forms and supporting facts and all details stating and demanding to be seen by a Urologist. Feel free to keep all copies of documents I send. There are 13 pages total.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

In order to resolve the grievance, I am simply requesting to be seen by a Professional Urologist as requested before. This would resolve medical concern and symptoms experienced.

Nov. 29th 2018

Date

Jose Ortiz-Rico
Inmate Signature

Receiving Facility
(if not processing facility)

Date Stamp

Received at Processing Facility
Denied

DEC 05 2018

Grievance Office-SRCI

Date Stamp

Distribution:

- Green (Original grievance appeal form)
- Yellow (Grievance file copy)
- Blue (Inmate receipt after processed)
- Pink (Inmate copy)

For grievance appeal instructions see back page



Oregon Department of Corrections (ODOC)

Snake River Correctional Institution

Returned Grievance Appeal

To: Ortiz-rico, Jose Omar
From: Cox, K - for Taylor, J

SID #: 13777922
Date: 12/07/2018

Cell: SRCI:2I50B

Re: Non-Medical# SRCI_2018_10_161AA

The grievance appeal you submitted is being returned to you due to non-compliance with the Department of Corrections (DOC) Rule #109 (Grievance Review System) for the following reason(s):

An inmate grievance may request review of just one matter, action or incident per inmate grievance form.

Lacks specific information; missed your call-out on this issue.

Cannot appeal a denied grievance.

If you have any questions regarding grievances, please refer to the Department of Corrections Administrative Rule "Grievance Review System" tab #109 located in the Legal Library.

Evaluation and Treatment of Hematospermia

Hematospermia Evaluation

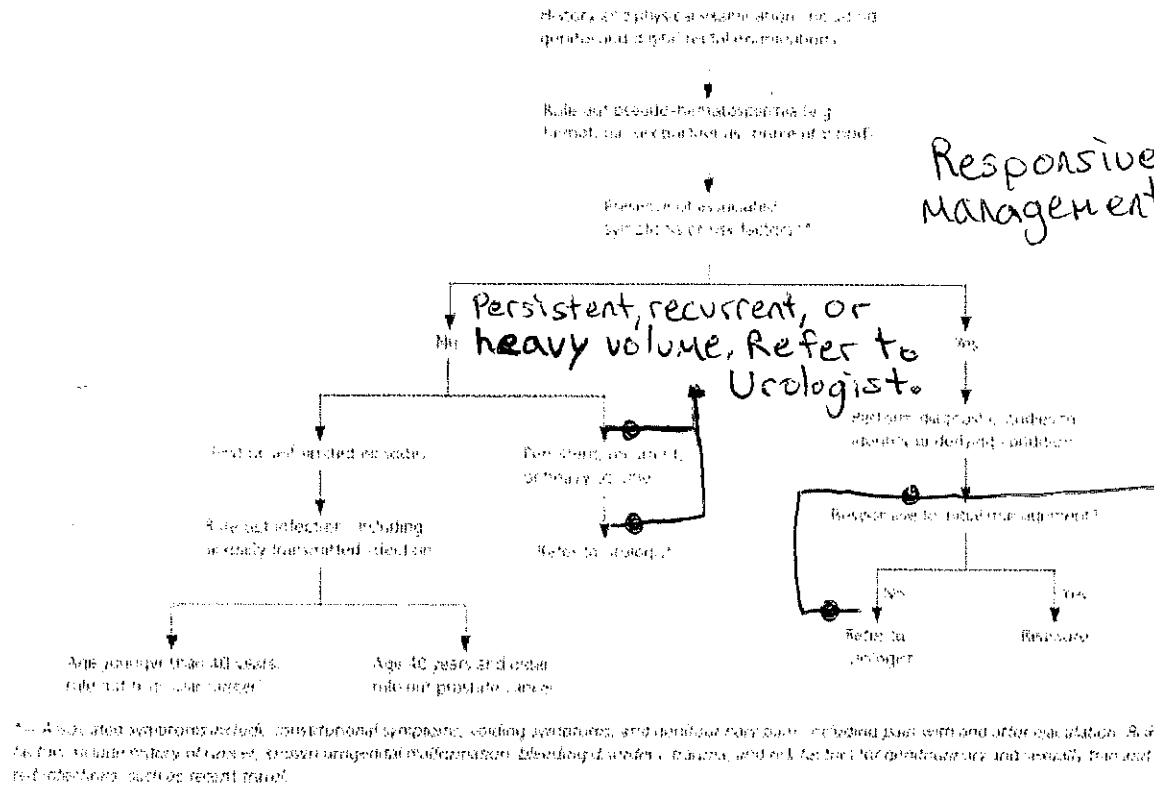


Figure 1.

Algorithm for the evaluation of hematospermia.

Information from references 7 and 8.

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11/7/2018

What is hematospermia? | ISSM

(<https://www.issm.info/>)



I'm a Patient

(<https://www.issm.info/>) I'm a
Professional 

Sexual Health Q&A

What is hematospermia?

Hematospermia (sometimes spelled haematospermia) refers to blood in the semen. Men may notice that their semen is bloodstained, pink, or reddish-brown. But sometimes the blood is microscopic and cannot be seen at all.

When sperm is made by the testes, it travels to the seminal vesicles, where it mixes with other ejaculatory fluids to form semen. From there, the semen goes to the ejaculatory ducts and is expelled from the penis when a man reaches orgasm. Bleeding can occur at any point along this route.

The idea of blood in the semen can be worrisome, but most of the time, it is not a problem. Hematospermia often goes away on its own.

Still, it is important for men who find blood in their semen to see a doctor, especially if they have other symptoms, such as

- blood in the urine
- pain with urination, ejaculation, or bowel movements
- swelling in the scrotum or groin
- fever or chills.

Some causes of hematospermia include the following:

- **Sexually-transmitted infections** such as chlamydia, genital herpes, and gonorrhea might cause blood in the semen.
- **Prostate conditions.** A man might discover blood in his semen if he has had a prostate biopsy or if he has an enlarged prostate. Prostatitis (inflammation of the prostate) is another possible cause.
- **Brachytherapy** is a type of radiation therapy used to treat prostate cancer. Small radioactive seeds are planted into the prostate gland and, for some men, this results in hematospermia.
- **Epididymitis** is inflammation of the epididymis, the tube that stores sperm before it mixes with ejaculatory fluid.
- **Urethritis** is inflammation of the urethra, the tube from which urine and semen leave the body.
- **Injury or trauma to the reproductive system.** There could happen in a variety of ways, such as car accident, a sports injury, or vigorous sex.
- **Vasectomy.** Some men experience bleeding for a short time after this procedure.
- **Cancer.** Very rarely, hematospermia is a sign of testicular or prostate cancer.

Some men find blood in their semen if sex is interrupted or if they haven't had sex for a long time.

If blood in the semen is the only symptom, treatment is probably not necessary. Men should still see a doctor, however.

If a man has other symptoms, a urologist may conduct tests to determine the cause. Tests may include semen analysis, urine analysis, x-rays, ultrasound, or rectal examination. Once an

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What is hematospermia? | ISSM

underlying condition is found, it can be treated and, in most cases, blood in the semen will clear up. For example, if a man has an infection, he may need to take antibiotics.

Next question: How is penile cancer treated? (<https://www.issm.info/sexual-health-qa/how-is-penile-cancer-treated/>)

Previous question: What should men know about sex and urinary tract infections? (<https://www.issm.info/sexual-health-qa/what-should-men-know-about-sex-and-urinary-tract-infections/>)

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11/7/2018

What is Prostatitis? What are the Symptoms? | PCF


[About Prostate Cancer Foundation](https://www.pcf.org/) (<https://www.pcf.org/>)
 [Patient Resources](https://www.pcf.org/patient-resources/) (<https://www.pcf.org/patient-resources/>)
 [News](https://www.pcf.org/news/) (/news)
 [Retreat](https://www.pcf.org/scientific-retreat/25th-annual/) (<https://www.pcf.org/scientific-retreat/25th-annual/>)
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 [DONATE](https://www.pcf.org/donate/) ([HTTPS://CURDF_ID=1561&M](https://www.pcf.org/donate/))
 [Take Action](https://www.pcf.org/take-action/) (<https://www.pcf.org/take-action/>)
 [DONATE](https://www.pcf.org/donate/) ([HTTPDF_ID](https://www.pcf.org/donate/))

Prostatitis

Overview

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/>)

Prostate Gland

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/prostate-gland/>)

What is BPH?

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/prostate-gland/what-is-bph/>)

Prostatitis

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/prostate-gland/prostatitis/>)

How Prostate Cancer Grows

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/how-it-grows/>)

The PSA Test

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/the-psa-test/>)

Should I Be Screened?

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/the-psa-test/should-i-be-screened/>)

What is Prostatitis?

Prostatitis is a painful condition in which the prostate is inflamed, swollen, and tender. It can be caused by a bacterial infection or just simply be inflamed.

Symptoms:

- Pain in the perineum (the area between the rectum and the testicles)
- Pain on defecation
- Aches and pains in the joints or muscles and the lower back
- Blood in the urine
- Pain or burning during urination
- Painful ejaculation

Prevalence of Prostatitis

Prostatitis is the most common cause of urinary tract infections in men, leading to approximately 2 million doctor's visits each year in the United States. Half of all men will experience prostatitis during their lifetime. The National Center for Health Statistics estimates that about 25% of all men who see a doctor for urological problems have symptoms of prostatitis.

Is Prostatitis, Cancer?

No. **Prostatitis is a benign ailment**, which, while not always curable, is almost always treatable with antibiotics. Occasionally, inflammation due to prostatitis can raise your PSA level (<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/the-psa-test/>) (prostate-specific antigen). However, it does not lead to cancer.

Prostate cancer is believed to be due to a combination of factors including diet, lifestyle, genetics, and environmental exposures. There is, however, a question as to whether continued inflammation of the prostate may lead to the eventual development of prostate cancer, and studies are being done to determine if reducing inflammation can prevent prostate cancer.

Email Address



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What is Prostatitis? What are the Symptoms? | PCF

Prostate Exam

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/prostate-exam/>)

Prostate Cancer**Symptoms and Signs**

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/prostate-cancer-symptoms-signs/>)

Prostate Cancer Survival Rates

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/prostate-cancer-survival-rates/>)

Prostate Cancer Causes

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/prostate-cancer-causes/>)

Prostate Cancer FAQs

(https://www.pcf.org/faq_category/prostate-cancer-faqs/)

Learn More

How Prostate Cancer Grows

(<https://www.pcf.org/about-prostate-cancer/what-is-prostate-cancer/how-it-grows/>)

The prostate (not prostrate) uses male hormones called androgens, such as testosterone and dihydrotestosterone (DHT), to trigger and maintain male sex characteristics and reproduction. Normally,...

Prostatitis: Misdiagnosed and Misunderstood

(<https://www.pcf.org/c/prostatitis-misdiagnosed-and-misunderstood/>)

Janet Farrar Worthington

Every year, thousands of men are diagnosed with prostatitis. Some of them even have it. Most of them don't. Maybe you're one of those...

PROSTATITIS ([HTTPS://WWW.PCF.ORG/ARTICLE_EXTERNAL_TAG/PROSTATITIS/](https://www.pcf.org/article_external_tag/prostatitis/))

**Get the Free Prostate
Cancer Patient Guide. Enter
your email to get the pdf.**

Email Address



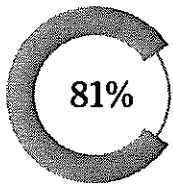
11/7/2018

What is Prostatitis? What are the Symptoms? | PCF



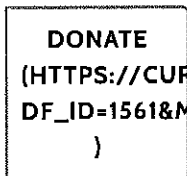
✉ (mailto:?)

subject=Prostatitis&body=https%3A%2F%2Fwww.pcf.org%2Fabout-prostate-cancer%2Fwhat-is-prostate-cancer%2Fprostate-gland%2Fprostatitis%2F)



81 cents of every dollar donated goes to our prostate cancer research

Join the fight against prostate cancer today.



(https://www.pcf.org)

About Prostate Cancer (/about-prostate-cancer/)

Patient Resources (https://www.pcf.org/patient-resources/)

News (/news)

Science & Impact (https://www.pcf.org/science-impact/)

Take Action (https://www.pcf.org/take-action/)

Contact Us (https://www.pcf.org/contact-us/)

Careers (https://www.pcf.org/article_category/careers/)

Blog (https://www.pcf.org/blog/)

Press (https://www.pcf.org/science-impact/about-us/press/)

Guides (/guide)

Sitemap (https://www.pcf.org/sitemap/)

The Prostate Cancer Foundation is a 501(c)(3) charitable organization.

EIN #95-4418411

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@ (https://www.instagram.com/prostatecancerfoundation/)

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What is Prostatitis? What are the Symptoms? | PCF

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Department of

Patient Profile

Active Dates: 1/1/2010 - 6/26/2018

Pa

07

Patient
Sig

atient ig	Facility	Rx Org Date	Rx Exp Date	Doctor	Drug	Qty Dsp
3777922 ORTIZ-RICO, JOSE	SRCI	11/18/09	06/16/10	SAZIE, ELIZABETH	-TWINRIX A/B *PROJECT* PFS 720/20 (PFS) INJ	0
JECT I.M. NOW, IN 30 DAYS AND THEN IN 6 MONTHS (DISPENSED FROM STOCK)						
3777922 ORTIZ-RICO, JOSE	SRCI	08/15/17	09/04/17	ISHIDA, VICTOR	SMZ/TMP DS~ (GEN. SEPTRA DS) 800/160MG TAB	28
AKE 1 TABLET ORALLY TWICE DAILY FOR THREE WEEKS (14 DOSES TAKEN FROM STOCK)						
3777922 ORTIZ-RICO, JOSE	SRCI	08/15/17	09/04/17	ISHIDA, VICTOR	TAMSULOSIN^ (GEN FLOMAX) 0.4MG CAP	14
AKE 1 CAPSULE ORALLY ONCE DAILY FOR THREE WEEKS (7 DOSES TAKEN FROM STOCK)						

HEALTH SERVICES REQUEST

Name Jose Omar Ortiz-Rico SID # 13777922
 Housing Assignment 210/051B Date 7-29-2017
CIRCLE ONE.....LIMIT YOUR REQUEST FOR CARE TO YOUR MOST URGENT PROBLEM

Skin

Acne
 Athlete's foot
 Bite (animal or insect)
 Blister (oral / genital / other)
 Boil
 Burn (sunburn / other)
 Corn / Callus / Warts
 Dandruff
 Dry skin
 Ingrown toenail
 Lesion (bump / lump)
 Open wound
 Skin rash
 Wool allergy

Eyes

Eye exam
 Glasses (repair or reorder)
 Infection
 Sty (pimple on eyelid)

Ears

Drainage
 Ear ache
 Excessive wax / irrigation
 Hearing problem

Nose

Allergies (hayfever)
 Bloody nose
 Sinus infection

Throat / Mouth

Mouth or lip sore
 Sore throat

Dental

****PLEASE ADDRESS DENTAL PROBLEMS IN DETAIL ON A REGULAR KYTE.....CD214.**

Mental Health

****PLEASE ADDRESS MENTAL HEALTH CONCERNS IN DETAIL ON A REGULAR KYTE TO BOX 232****

Gastrointestinal

Abdominal pain
 Bloody stool
 Constipation
 Diarrhea
 Heart burn
 Hemorrhoids
 Nausea / vomiting
 Rectal pain
 Weight loss

Urinary

Difficulty urinating / unable to urinate
 Painful urination
 Testicle problem

Musculoskeletal

Fracture
 Joint pain
 Pain
 Sprain / strain
 Swelling (where? _____)

Nervous System

Dizziness
 Headaches (minor / migraine)
 Numbness / tingling

Chest

Cough (describe below)
 Difficulty breathing

Medication

I haven't received my prescription
 My prescription is about to expire
 My prescription isn't helping

Other

Discuss results of lab/x-rays/other
 When is my provider appointment
 I'd like an HIV test
 I'd like to attend blood pressure clinic

HEART AND LUNGS:

If you are experiencing chest pain or shortness of breath notify Health Services immediately.

My problem is not listed above. The problem is _____
 Location of the problem _____
 When did the problem start? _____
 What have you tried to make it better? _____

We have taken the following actions in response to your health service request:

Medication has been ordered. Report to refill line on _____. Report to the medication line. _____
☒ You will be scheduled to see the ____ Provider; ☒ Sick call nurse; ____ Clinic nurse
 ____ Your request has been forwarded to ____ Optometry; ____ Support Services; ____ Nurse Manager
 ____ Mental Health; ____ County Health Nurse;
 ____ See attached health education handout

Received
AUG 01 2017

SRCI Health Services

Comments / Instructions: _____

Responder's Signature PJ Greenawalt RN Date 8/1/17

HEALTH SERVICES REQUEST

INMATE COMMUNICATION

~~TO~~
FROM:

COMPLEX: Two
UNIT & BUNK: D - 05B
NAME: Jose Omar Ortiz-Rico
SID#: 13772922

~~From~~
TO:

SICK CALL REQUEST NURSE

(Fold Here)

**PLACE THIS REQUEST IN THE
MEDICAL KYTE BOX.**

(The white box with the red cross)



NON-EMERGENCY HEALTH CARE REQUEST

Jose Omar Ortiz Rico 13777922 Z-I/50-B 9.27.2018
 Name State ID# Housing Date

Medications:

- ☐ I have not received my prescription
☐ My prescription is about to expire
☐ My prescription is not helping

Glasses

- ☐ Eye exam for glasses
☐ Repair

Vaccines

- ☐ Hepatitis A/B
☐ Flu
☐ Pneumonia
☐ Shingles
☐ HIV Test
☐ Hepatitis C Test

Other Function

- ☐ BP check
☐ Test result request
☐ Is my appointment still scheduled?

☒ Other issues – not sick:

Victor Ishida

Health Care request, issue, concern, or sickness:

Medication Prescribed for
 Inflammation / Infection

• Tamsulosin, 4 mg

• SMZ / TMP 800 / 160 MG.

I want to request and discuss the medication that was prescribed to me from a severe infection & inflammation I had. I'm a bit traumatized from the events and it's been a year since I've taken the medication and want to know if this type infection has a name for the disease. Reason being is because I had pneumonia at a very young age where the infection/inflammation was in the lungs. Looking to speak and meeting with you. Thank you.

We have taken the following actions in response to your health service request:

☒ You will be scheduled to see: ☐ Provider ☒ Nursing staff

☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS
☐ Pharmacy Technician ☐ See attached health education handout

Additional Comments:

Please watch your call cuts.

Responder's Signature:

E. V. Salazar

Date:

SRCI Health Service

**OREGON DEPARTMENT OF CORRECTIONS
NON-EMERGENCY HEALTH CARE REQUEST**

FROM:

INSTITUTION:

S.R.C.I

NAME:

Jose Omar Ortiz Rico

SID NUMBER:

13777922

UNIT&BUNK:

2-I/50-B

ADDRESS:

777, Ontario, OR.

TO:

NAME:

Victor Ishida / Medical

TITLE:

Healthcare Request

ADDRESS:

Box # B 358

Health Services

(Fold Here)

NON-EMERGENCY HEALTH CARE REQUEST

Jose Omar Ortiz Rico 13777922 Z.I/50.B 10-2-2018
 Name State ID# Housing Date

Medications:

- ☐ I have not received my prescription
☐ My prescription is about to expire
☐ My prescription is not helping

Vaccines

- ☐ Hepatitis A/B
☐ Flu
☐ Pneumonia
☐ Shingles
☐ HIV Test
☐ Hepatitis C Test

Other Function

- ☐ BP check
☐ Test result request
☐ Is my appointment still scheduled?
☐ Other issues – not sick:

Glasses

- ☐ Eye exam for glasses
☐ Repair

Health Care request, issue, concern, or sickness:

I requested to speak with Victor Ishida, and was scheduled with Mr. Gulleck. Mr. Gulleck said to speak with another RN for further questions or concerns from last appt with him.

- Discuss Hematospermia Eval.
- Patient Profile info

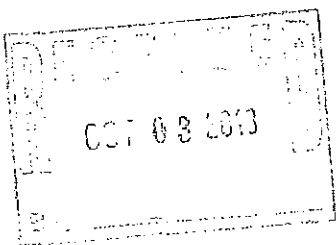
We have taken the following actions in response to your health service request:

- ☒ You will be scheduled to see: ☒ Provider ☐ Nursing staff
☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS
☐ Pharmacy Technician ☐ See attached health education handout

Additional Comments: you are scheduled to see Dr. Gulleck next week.

Responder's Signature: LCagler

Date: 10/3/18



**OREGON DEPARTMENT OF CORRECTIONS
NON-EMERGENCY HEALTH CARE REQUEST**

INSTITUTION:

NAME:

SID NUMBER:

UNIT&BUNK:

ADDRESS:

FROM:

S.R.C.I.

Jose Omar Ortiz Rico

13777922

Z.I/50.B

777 Ontario, OR

TO:

NAME:

TITLE:

ADDRESS:

RN / Medical

Health Services

B-358

(Fold Here)

Cips Patient Drug Education

10/5/2018

Facility: SRCI - SNAKE RIVER CORR INST

Page 1

Patient: ORTIZ-RICO, JOSE, OMAR

Drug: TAMSULOSIN~^ HCL (GEN FLOMAX) 0.4MG CAP

GENERIC NAME: Tamsulosin (tam SOO loe sin)

COMMON USES: In men, it is used to treat the signs of an enlarged prostate. It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to tamsulosin or any other part of this drug. TELL YOUR DOCTOR: If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. TELL YOUR DOCTOR: If you take any drugs (prescription or OTC, natural products, vitamins) that must not be taken with this drug, like certain drugs that are used for HIV, infections, or depression. There are many drugs that must not be taken with this drug. Your doctor or pharmacist can tell you if you are taking a drug that must not be taken with this drug. TELL YOUR DOCTOR: If you are taking or will be taking another drug like this one. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Take 30 minutes after the same meal every day. Swallow whole. Do not chew, break, or crush. Do not open the capsules. Drink lots of noncaffeine liquids unless told to drink less liquid by your doctor. HOW DO I STORE AND/OR THROW OUT THIS DRUG? Store at room temperature. Store in a dry place. Do not store in a bathroom. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area. WHAT DO I DO IF I MISS A DOSE? Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses. If you miss taking this drug for a few days in a row, call your doctor before you start taking it again.

CAUTIONS: Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists. Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you. To lower the chance of feeling dizzy or passing out, rise slowly if you have been sitting or lying down. Be careful going up and down stairs. If you are having cataract surgery or other eye procedure, talk with your doctor. Have your blood pressure checked often. Talk with your doctor. If taking for an enlarged prostate, have a rectal exam (to check prostate gland) and blood work (PSA test) as you have been told by the doctor. Talk with your doctor before you drink alcohol. Be careful in hot weather or while being active. Drink lots of fluids to stop fluid loss. This drug is not approved for use in women. If you are a woman using this drug, talk with your doctor if you are pregnant, plan on getting pregnant, or are breast-feeding. Children: This drug is not approved for use in children. However, the doctor may decide the benefits of taking this drug outweigh the risks. If your child has been given this drug, ask the doctor for information about the benefits and risks. Talk with the doctor if you have questions about giving this drug to your child.

POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY? WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Very bad dizziness or passing out. Fever or chills. Sore throat. Call your doctor right away if you have a painful erection (hard penis) or an erection that lasts for longer than 4 hours. This may happen even when you are not having sex. If this is not treated right away, it may lead to lasting sex problems and you may not be able to have sex. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away: Headache. Back pain. Loose stools (diarrhea). Dizziness. Runny nose. Throat irritation. Feeling tired or weak. Orgasm with less or no semen. These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects at <http://www.fda.gov/medwatch>.

OVERDOSE: If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

ADDITIONAL INFORMATION: If your symptoms or health problems do not get better or if they become worse, call your doctor. Do not share your drugs with others and do not take anyone else's drugs. Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor. Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins. Some drugs may have another patient information leaflet. Check with your pharmacist. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.

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Cips Patient Drug Education

10/5/2018

Facility: SRCI - SNAKE RIVER CORR INST

Page 1

Patient: ORTIZ-RICO, JOSE, OMAR

Drug: SMZ/TMP DS^~ (GEN. SEPTRA DS) 800/160MG TAB

GENERIC NAME: Sulfamethoxazole and Trimethoprim Tablets (sul fa meth OKS a zole & trye METH oh prim)

COMMON USES: It is used to treat or prevent bacterial infections.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? For all patients taking this drug: **TELL YOUR DOCTOR:** If you have an allergy to sulfamethoxazole, trimethoprim, or any other part of this drug. **TELL YOUR DOCTOR:** If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. **TELL YOUR DOCTOR:** If you have anemia caused by a lack of folic acid. **TELL YOUR DOCTOR:** If you have any of these health problems: Kidney disease or liver disease. **TELL YOUR DOCTOR:** If you have any of these health problems: Asthma, porphyria, thyroid disease, not enough folate in the body, poor absorption, or poor nutrition. **TELL YOUR DOCTOR:** If you have been drinking alcohol for a long time or are taking a drug for seizures. **TELL YOUR DOCTOR:** If you have ever had a low platelet count when using trimethoprim or a sulfa (sulfonamide) drug. **TELL YOUR DOCTOR:** If you are taking any of these drugs: Amantadine, cyclosporine, dofetilide, indomethacin, leucovorin, methotrexate, or pyrimethamine. **TELL YOUR DOCTOR:** If you are taking or have recently taken any of these drugs: Benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, or trandolapril. **TELL YOUR DOCTOR:** If you are taking a water pill. **TELL YOUR DOCTOR:** If you are breast-feeding or plan to breast-feed. **Children:** **TELL YOUR DOCTOR:** If your child is younger than 2 months of age. Do not give this drug to an infant younger than 2 months of age. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Drink lots of noncaffeine liquids unless told to drink less liquid by your doctor. Take with or without food. Take with food if it causes an upset stomach. Take with a full glass of water. Take this drug at the same time of day. To gain the most benefit, do not miss doses. Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well. **HOW DO I STORE AND/OR THROW OUT THIS DRUG?** Store at room temperature. Store in a dry place. Do not store in a bathroom. Protect from light. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area. **WHAT DO I DO IF I MISS A DOSE?** Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses.

CAUTIONS: Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists. Have blood work checked as you have been told by the doctor. Talk with the doctor. Have your urine checked as you have been told by your doctor. This drug may affect certain lab tests. Tell all of your health care providers and lab workers that you take this drug. Do not use longer than you have been told. A second infection may happen. Be careful if you have G6PD deficiency. Anemia may happen. If you have high blood sugar (diabetes), you will need to watch your blood sugar closely. Talk with your doctor before you drink alcohol. This drug may make you sunburn more easily. Use care if you will be in the sun. Tell your doctor if you sunburn easily while taking this drug. This drug may affect how much of some other drugs are in your body. If you are taking other drugs, talk with your doctor. You may need to have your blood work checked more closely while taking this drug with your other drugs. Rarely, very bad effects have happened with sulfa drugs. Sometimes, these have been deadly. These effects have included liver problems, blood problems, and very bad skin reactions (Stevens-Johnson syndrome/toxic epidermal necrolysis). Call your doctor right away if you have a rash; red, swollen, blistered, or peeling skin; red or irritated eyes; sores in your mouth, throat, nose, or eyes; fever, chills, or sore throat; cough that is new or worse; feeling very tired or weak; any bruising or bleeding; or signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. This drug may raise the chance of a very bad brain problem called aseptic meningitis. Call your doctor right away if you have a headache, fever, chills, very upset stomach or throwing up, stiff neck, rash, bright lights bother your eyes, feeling sleepy, or feeling confused. If you are 65 or older, use this drug with care. You could have more side effects. This drug may cause harm to the unborn baby if you take it while you are pregnant. If you are pregnant or you get pregnant while taking this drug, call your doctor right away.

POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of a high potassium level like a heartbeat that does not feel normal; change in thinking clearly and with logic; feeling weak, lightheaded, or dizzy; feel like passing out; numbness or tingling; or shortness of breath. Signs of low blood sugar like dizziness, headache, feeling sleepy, feeling weak, shaking, a fast heartbeat, confusion, hunger, or sweating. Signs of kidney problems like unable to pass urine, change in how much urine is passed, blood in the urine, or a big weight gain. Signs of low sodium levels like headache, trouble focusing, memory problems, feeling confused, weakness, seizures, or change in balance. Muscle or joint pain. Purple patches on the skin or mouth. Shortness of breath. Hallucinations (seeing or hearing things that are not there). Mood changes. It is common to have diarrhea when taking this drug. Rarely, a very bad form of diarrhea called *Clostridium difficile* (C diff)-associated diarrhea (CDAD) may occur. Sometimes, this has led to a deadly bowel problem (colitis). CDAD may happen while you are taking this drug or within a few months after you stop taking it. Call your doctor right away if you have stomach pain or cramps, very loose or watery stools, or bloody stools. Do not try to treat loose stools without first checking with your doctor. **WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG?** All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away: Upset stomach or throwing up. Loose stools (diarrhea). Not hungry. These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects at <http://www.fda.gov/medwatch>.

OVERDOSE: If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

ADDITIONAL INFORMATION: If your symptoms or health problems do not get better or if they become worse, call your doctor. Do not share your drugs with others and do not take anyone else's drugs. Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor. Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins. Some drugs may have another patient information leaflet. Check with your pharmacist. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.

Database Edition 2018.1.008 - Expires November 2018

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OREGON DEPARTMENT OF CORRECTIONS
INMATE COMMUNICATION FORM

FROM:

INSTITUTION: S.R.C.I
INMATE NAME: Jose Omar Ortiz Rico
SID #: 13777922
UNIT/BUNK: 2.I/50.B
ADDRESS: 777 Stanton, Ontario

TO

NAME: Ms. Dean
TITLE: Health Services/Medical R
ADDRESS: Box # D-358
Health Services

(Fold Here)

Physician Assistant : A person certified to provide
basic medical services. usually under the supervision
of a licensed physician

OREGON DEPARTMENT OF CORRECTIONS
INMATE COMMUNICATION FORM

TO: ~~Ms. Dean~~ Ms. Dean Date: Nov. 11th, 2018

State your issue in detail: Within the next few weeks, it's probable that I'm going to have a call-out with Mr. Taylor where I have to provide specific details for him before I request further proper medical care and attention. I need to know if Mr. Victor Ishida's job title is to work as a Urologist who specializes in Urology for Urological problems. You might have to help me with this issue and possibly send me an Authorize to Use and Disclose Health Information form. Thank you Ms. Dean, have a great and blessed day.

Inmate Committed Name (first middle last)

SID#

Housing Unit

Jose Omar Ortiz Rico

13777922

2-I/50-B

Response/Action Taken:

Job Title: Physician Assistant
Definition: to provide services under a licensed physician

NOV 14 2018

Date Received: SROI Health Services

Referred To*:

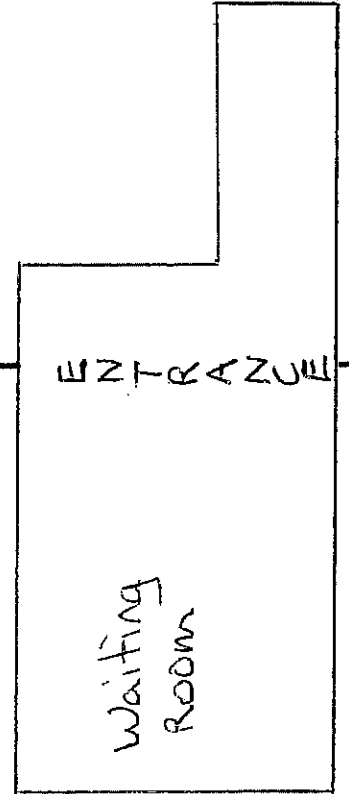
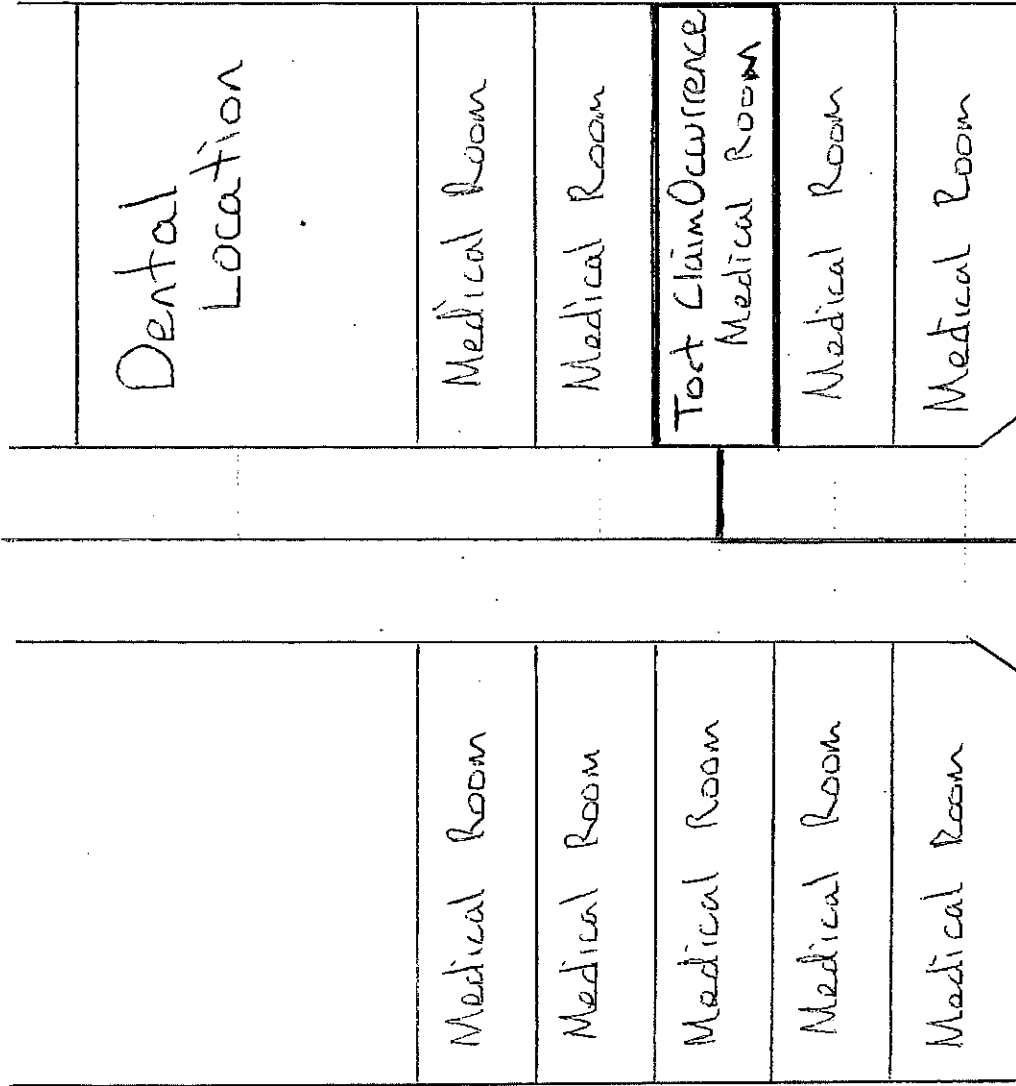
Date Answered: 11/14/18

Signature of Staff Member:

P. Dean Medical Records

*If forwarded, please notify the inmate

SRCI,
Central Medical
Health Dept.
Blue-print,
Junk Layout



Jose Omar Ortiz Rico

April 10th 2019

Prisoners Self-Help Litigation Manual
(By John Boston, Daniel E. Manville)

If prison employees tell you an issue is not grievable but you think it is, request that they process your grievance anyway so you will have a record of it. (And if there is a way to appeal or grieve a decision that something isn't grievable, do it !)

If prison employees tell you something will be taken care of and you don't need to file a grievance, exhaust anyway if you think there is any chance you may wish to file suit.

One requirement of the PLRA (Prison Litigation Reform Act) is that you must exhaust any available administrative remedies at the prison or jail before you sue, even if you think you are in imminent danger. Lawsuits dismissed and barring prisoner's from recovering compensatory damages for "mental or emotional injury" unless they also suffered Physical Injury.

Compensatory are usually "joint and several". That means you are awarded a single sum of money for a single injury regardless of how many defendants are involved, and you can try to collect the judgment against any of the defendants who are held liable. However, compensatory damages may be assessed separately against different defendants if the evidence shows that they were responsible for different injuries. (Watt v. Laurent. 774 F.2d 168, 129-81 (7th Cir. 1985)

- Mathie v. Fries, 935 F. Supp 1284, 1307(E.D.N.Y. 1996) (awarding punitive damages of \$500,000 to inmate who was sexually assaulted by staff), aff'd, 121 F.3d 808 (2d Cir. 1997).
- Blackburn v. Snow, 771 F.2d 556, 572-73 (1st Cir. 1985) (\$177,040 for improper strip search of visitor upheld based on substantial record of psychological injury)
- Consolo v. George, 58 F.3d 791,795 (1st Cir. 1995) (\$90,000 for denial of medical care to arrestee who had sustained a fractured pelvis)
- Riley v. Olk-Long, 282 F.3d 592,594 (8th Cir. 2002) (noting \$15,000 compensatory and \$30,000 in punitive damages for course of sexual abuse)

Found Negligent and committed Malpractice, failing to perform appropriate diagnostic tests, delaying examination and treatment, etc. Where performing a medical procedure against a patients will may be an assault and/or battery.

- Tomcik v. Ohio Dept of Rehabilitation and Correction, 62 Ohio Misc.2d 324, 598 N.E.2d 900, 903-04 (Ohio Ct.C1 1991)

Negligence and Malpractice, where Non-physicians performing medical services ---- nurses, physicians assistants, technicians, etc.---- may be found liable for malpractice or negligence if

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they fail to have and to use the knowledge, skill, and care expected of their professions.

- Toombs v. Bell, 915 F.2d 345, 348-49 (8th Cir. 1991) (medical technician found negligent)
- Nelson v. Prison Health Services, 991 F. Supp. 1425, 1466 (N.D. Fla. 1997) (nurses who did not respond to complaint of chest pain could be found liable for malpractice)

As with other Eight Amendment claims, the deliberate indifference standard requires a plaintiff to show that the defendants had actual knowledge of an objectively cruel condition (in medical cases, a serious medical need) and did not respond reasonably to the risk. Thus --- bizarre as it sounds --- a doctor who did not treat you properly because she didn't realize how sick you were, or what your problem was, may not be deliberate indifference because she failed to figure it out, and therefore didn't have actual knowledge of the risk. Your only claim in a case like that may be for medical malpractice, since a Misdiagnosis or Non-Diagnosis resulting from failure to exercise ordinary knowledge, skill and care does constitute malpractice.

- Coppage v. Mann, 906 F. Supp. 1025, 1040, 1049 (E.D. Va. 1995) (holding doctor could not be deliberately indifferent to a condition he misdiagnosed, but could be liable for malpractice if he should have known what the problem was)

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Emotional, Mental and Physical Injury
(Pain and Suffering)

The quality or state of disagreeing or being at variance called discrepancy between staff and inmates is hidden. For some reason, the Medical Department, at Snake River Correctional Institution has failed due to very poor work ethics and wrongdoing that is contagious and contaminating (whether they're in denial, acting intentionally or knowing/unknowingly), to the Grievance Department, Shipping and Receiving Department, Transportation Department, Business Office, and the employees unknown involved with upper management and team. I have two inmates in mind, who where in their mid 50's with harsh and terrible health conditions, where they have collapsed and died before my eyes.

I have sent a survey letter to the National Commission on Correctional Health Care (October 15th 2018) stating reason's of neglect and wrongdoing, and the continuous amount of bleeding occurring very unusually from my body parts. The neglect and wrongdoing has been causing me to be at a mental state where I'm having difficulty reading and being specific when told to. Again, where I'm finding difficulty responding to a conversation through communication forms, outgoing mail and in person. Making this difficult staying with the same topic and subject. Though, from the original grievance, it's written #3 Physical injury: I felt pain through my body, feeling lack of strength, feeling physical stroke. Producing Bleeding from mouth and genital area, also vomiting blood.

Date of Loss for damages to my body from a scale 1-10, is a 10. I Jose Omar, have filed a grievance and appeals, resubmitting all and any available forms, WHERE THE DISTRIBUTION OF THE WHITE (original grievance form) YELLOW (grievance file copy) PINK (inmate receipt after processed) GOLDENRON (inmate copy) have all been sent back causing a rising rhythm; rhythm with stress occurring regularly where on November 7th 2018, bleeding from the rectum has occurred, when I've never bled from the rectum. After taking note, I was being given the run around by the grievance department team and told that I cannot appeal a denied grievance which was quiet offensive and felt discriminated. During this time I've tried submitting medical request due to my medical conditions and received a response that I'd be placed on scheduled date and time to find out that I was not placed on an appointment, leaving my condition to no care.

This be the most difficult letter up to date I've ever wrote. The mental, emotional, physical injuries is quite high where I've requested to be seen by a psychologist and mental health only to be denied and to be more specific. At this point I could only do my best and advice you with the pain that sounds infamously meme-phis: Difficulty breathing, discoloration, bleeding from the penis area constantly through a 24 hour period, extreme numbness, coldness, chills, memory loss, humiliation, headaches, dizziness, fevers, joint pain, neck pain, ear pain, muscle pain, lips cracking, loss of physical strength, loss of taste when eating, rash, sore throat, peeling of the skin, difficulty communicating, unresponsiveness, bone pain, blurry vision, eye pain, collapsing on the floor, ears ringing and difficulty hearing. I feel pain when I walk, jump, sit and when I'm laying on my mattress. I felt and noticed something close to a few heart attacks and mind strokes that left me without strength. Rising trauma, stress, feeling somewhat hopeless and lack of sleep to an excess amount of sleep, etc.

Before I was prescribed antibiotics, I was only able to sleep for about 4 hours every night to use the bathroom due to the amounts of blood exiting through my urinary track. Because I was loosing my taste buds, I was unable to concentrate to drink water and ended up drinking about ten tablespoons of coffee daily to clean my urinary track and to find strength to request medical attention. Drinking more than five cups of coffee daily was not recommended but that was the only way I could think to

Jose Omar Ortiz Rico

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appropriately seek medical attention and this for me was very psychological and painful and up to date with pain and injury through-out my body with a high amount of difficulty mentally emotionally with constant ache and pain that sounds like permanent suffering. Being said, there are many more incidents and assaults that occurred and are occurring during my state of condition, some of that I could recall and some that I prefer not and can't, only of course because of this one occurrence.

I have recently been added to work as an evening orderly, and being one of the easiest jobs, I feel pain and ache in and through-out body and mind. March 5th 2019 I received a certificate from Aspire for better health. This was an eight week program though, I felt pain sitting down and was collapsing to the floor when I was trying to stand, where I had to hold on to the table when and where I am seeing signs of being very unresponsiveness.

Furthermore, allow me to present you the verses and phrases I've wrote to help with my emotions, and the physical/mental pain:

- God's grace and love fall upon
- Dreaming more than one heaven when there's really much more to share; before the next shade and before the next chapter.
- Believing to accept miracles, hoping for you, more than I deserve.
- Should; know. Completely? Candle-lit style just as light meant to blossom. I'm here, you're there. Will you ever be here when I'm there.
- Just wasn't suppose to be this way. It wasn't meant for you and me. Pulling through to where I'm from. When getting by has me seeing star's. The condition that sting's. An uncovered remedy. To accept. The forgiving living and loving miracle.
- The lesson from this poem; fifteen word's.
- Born any more pure does seem to this day.
- Whether it's pain, disbelief, doubt, than just believe.
- With respect and love, I'll continue within to endure.
- Forever Jesus Christ
- The world you created I was born, born again I was, and am.
- Giving more than I alone know or understand.
- Just remember that God is our strength and it is He who gives us Power to become children of God.
- I have a heart too.
- Your heart should be complete.
- Who can capture what only you know and feel? God knowing I understand.
- Wishing you the best without a desire for you to cherish me, no-other than the Man above.
- Say, whatever makes you assume, you can't trust me, than I apologize.
- I want you to be secure. Your heart and being, forever be symmetrical.
- Better yet, I'm fallen, filled and I fell.
- The heart gets what the heart wants.
- Neither should your heart ache in a way of being lost, alone, sad, and for words.
- I question myself, without question.
- You are blessed.

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- The heart can take a painful experience. Bad enough it hurts.
- Patient with joy.
- I'm re-directed because I desire.
- When you accept love, you accept everything. Not just generously. More considerate.
- How far can word's go? Which direction would be the question. What manner of no risks, of no worries, and of negative thought's being out? I don't have the power, just the part.
- So heaven's earth.
- Morning's are a blessing. Should there be a reason before sunrise the possibility and of? I awake of an expectation, knowing a little better, not necessarily of.
- He's a genius or is it Love. Seven day's last week. Seven day's coming. Seven more day's to come. Seven. Seven. Seven.
- A just is this. The impression I give or the impression you see. Seem may not, like anything. And, just like everyone else. Because that's maybe like everyone else. Just being me. And you being you.
- Similar to a lost sheep, without doubt.
- Finding the focus point.
- To obey, I must be taught. So just the part. The part where I belong. Where I am home.
- Any spot has hope.
- Looking far and away. Close and near, to simply say.
- You have surprised me.
- Apparent hint to plain sight and thin air.
- Any slight misunderstanding be my imperfection.
- Something extra-ordinary from a certain poem that makes complete; complected.
- What's not meant to be?
- See through-out; flowing river. Something? To share, being given without a worry, where it's from, where it's going. Only knowing; meant for you.
- This was and is an experience.
- Meaningful finding a formal way.
- To notice or not. Detailing the station to find the rhythm. Detail-ed, hooked, meant to epic. Detail; detail? With or without; reason.
- Going went somewhere.
- There's great worth to you and I with this format.
- Thinking is a start, when I start think, and back to where.
- My best only makes exquisite of what's to be seen.
- Minute's from sunrise where there is no turn. Just growing music.
- Any chance wait's almost patient.
- Essentials for everyday living picks at an expense.

HEALTH SERVICES INFORMATION DISCLOSURE

Information obtained within the patient/provider relationship, as well as information contained in a patient's health care record is confidential and may not be released except as provided by state and federal statute, or by order of Oregon or Federal Court. Information given to Health Services medical and mental health providers is confidential and not shared with anyone outside of Health Services without written consent with the following exceptions:

Non-Health services staff may be given the patient's name, services recommended or provided, provider's name, dates of treatment, and a brief comment about extent of participation. Treatment providers may also make recommendations to non-Health Services staff about ways to help patients with medical or mental health problems without giving details of diagnosis or medication prescribed.

Non-Health services staff may be given some health information (e.g. diagnosis, symptoms of decompensation, risk factors, etc.) if:

- they are currently acting within the official scope of their duties to develop or evaluate treatment strategies and plans;
- they are involved in developing correctional plans, medical treatment plans, risk or behavior management plans or suicide and crisis prevention plans as members (e.g. designated correctional counselors, mental health housing officers, etc.) of a multidisciplinary team, treatment team, committee, or other official;
- they are involved in release planning; or
- disclosure is necessary for the safety and security of the institution.

Some information obtained in a provider-patient relationship is not confidential and will be reported to non-Health Services staff and/or other agency personnel as needed even without written consent of the patient. According to State and Federal laws, this includes knowledge of:

- danger to self or others;
- abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of developmentally disabled or mentally ill, and a specified victim can be identified;
- staff physical or sexual abuse of inmates;
- escape plans or attempts;
- sexual abuse of or by another inmate.

Confidentiality will not apply to information when it poses an immediate threat to the health and safety of self, other inmates, staff, or to the community. Reports will be limited to what is necessary to maintain safety and stay within legal parameters.

My signature below indicates I understand the confidentiality policy and practices used by HS treatment providers.

Inmate Comments:

Inmate Signature

[Handwritten Signature]

Date

9/15/16
[Handwritten Signature]

Inmate Name:

SID #:

ortiz.

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

Coffee Creek Intake Transfer Out Chart Review

Transfer Date 9/28/16 Transferring to SRC1 State of general health stable

2. Date of last PPD 9-15-16 Results 0 min a. Green sheet in health care record yes

b. Date chest x-ray completed if positive NA c. Chest x-ray results NA

3. Date intake physical completed 9/21/16 4. Date dental intake completed not here

5. List any Major Dx/ Chronic Disease 0

a. DOC 400 shows inmate major dx of 0

b. Twin Rix Vaccine series started; date of last vaccine 6-18-10 Number in series 3 Refusal 0

6. List any disability or special equipment needs 0

Equipment being sent with the inmate 0

7. List any medications the inmate is receiving 0

a. MAR pulled NA b. Medications and overflow medications pulled NA

c. List any KOP meds 0

8. List pending medical appointments 0

9. Is the inmate on the BHS caseload 10

10. Health status updated 80

11. Real chart being sent 0 a. X-rays sent NA

Overflow, number sent 0 Date/Time 9/28/16 0145

RN Signature [Signature]

Transfer In Chart Review

Transfer Date: 9/28/16 Received at: SRC1 Received from: CCIC

1. State of general health stable

2. Date of last PPD 9/15/16 Results 0 min a. Dates of any TB Treatment —

b. Chest X-ray results if PPD positive — c. Chem profile date if PPD positive —

d. TB Coordinator notified if PPD positive —

3. List Major Diagnoses/Chronic Disease No major Dx Matches DOC yes

a. Appointment changed: — b. Major Diag. current yes c. Labs current yes

d. Date of last HEP A/B Vaccine — e. Date of next HEP A/B Vaccine completed 2010

4. List Medications None

a. Did meds arrive with patient: — b. Meds placed for Medline —

c. Meds ordered from Pharmacy — d. MAR reviewed for accuracy and expiration —

5. Earliest Parole Date 4/10/2013 a. Parole Meds: current orders for parole meds: Yes/(No) (No)

b. Parole meds received: Yes/(No) If not, actions taken —

c. Parole Med Nurse or designee notified? Yes (No)

6. Any pending appointments dental Updated for this facility yes

7. Dental referral yes 8. BHS referral —

9. Clear for Food Services yes 10. Health Status Updated/Face Sheet printed yes

11. Chart present yes a. X-rays present — b. Overflow chart # —

Nurse's Signature [Signature] Nurse's Printed Name: MP161617 Date 9/28/16 Time 2027

Allergy None

ORTIZ-RICO, OMAR
13777922
03/22/1987

Oregon Department of Corrections

Progress Notes

DATE	TIME	PROB.#	
9.18.16	1800	UNSC	Today during shift patient had officer tell me he had a medical situation. Upon discussion with patient it was discovered that they feel there has been blood in his urine, and one night he also had an occurrence of blood in what he presumed to be nocturnal emissions. Patient denies burning with urination. A) Health Maintenance P) Have also set up a chart review for tomorrow to review pt urinalysis and to determine if G/C is necessary due to discharge. Pt may also follow up with CLAM H&P Appointment Pt Notified of plan
9/19/16	0819	CR	ordered GC/CT as UAC. Also ordered RPR + HIV (CMI has rash per CR) I have not seen CCM-486 Dated by Deardon Pangin PA NR
9/20/16	0740	SC	ORTIZ Jose UA obtained for GC/CH. Also UA dip done. Trace of blood noted. See 'Sub test' tab. UA for GC/CH sent out to lab — J. Hernandez
9.21.16	0920		1) Health Screen (Seen in seg) 2) See P's face 3) Report "Blood in urine" Don't know. Labs ordered. EKG pain 4) Health maint. await LSS — J. Hernandez
9/23/16		LAS	Unable to obtain specimen for Labs — shuttled with
9/26/16	740	CR	officers I/m in segs GC/CT neg. FLU NE if urinary S/S conti

Allergy NVDA

ORTIZ-RICO, OMAR
13777922
03/22/1987

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

Inmate's Name: Ortiz-Rico, JoseSID 13777922

DSA41

INST: SRC1 Medical/Mental Health Intake and Chart Review for Segregated Housing PlacementDate: 9/28/16 Admitted to DSU ☒ IMU ☐ ADSEG ☐ DD CODE ☐ MH CODE MHR

Verbal instructions given: Inmate Access to Health Care while in Segregated Housing

YES NO

Any existing Medical contraindications to segregated placement? If yes, report to OIC or designee.

YES NO

Current medications? None per CIPS

YES NO

Was the inmate involved in an altercation?

YES NO

Does patient report any injuries? If yes, please detail in narrative form.

YES NO

Mental Health Risk

Does patient express or exhibit any intent for self-harm? If yes, please complete Suicide Risk Assessment.

YES NO

Does patient have history of self-harm?

YES NO

Does patient have history of suicide attempts? If yes, Co. Jail ☐ DSU ☐ IMU ☐ MHI ☐ GP ☐ Other ☐

YES NO

Does patient have a history of previous MHI placement/treatment?

YES NO

Is the patient is receiving involuntary medications?

YES NO

Yes to MH question above requires immediate notification. BHS on-site/on-call. Notification made to:

Patient is under BHS care? BHS referral sent to:

YES NO

Chart Review Completed by: Signature Williams, RN/Printed Name: Williams, RNTime: 1:00

Revised: 3/18/10

11/17/14	0727	DSU	SRC-9587 Ortiz-Rico NAME	166 from Right side 1st degree
12/1/14	0900	CTR		post HIV/Hep CTR results given
8/2/17	1020	S/C-2		pt did not show up for sick call from call center, will reschedule tomorrow
8/3/17	1259	S/C-2		S- pt reports he has had episodes of blood in his semen. pt has been seen before for same issue. No pain or swelling in testicles. E - subjective sufficient, (-) GC/KUL, A - health looking (-) urt
				pt educated about what can cause blood in semen, will schedule S/C & PA for further evaluation & treatment

Allergy NICOTIN

ORTIZ-RICO, OMAR
13777922
03/22/1987

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

15 Aug 17

B² C⁶ blood in his semen. He been having regularly for the last month or so. He has fever, chills, etc. Had STD + UA done - All negative. His urinary frequency + hesitancy. It is microscopic. He never had this before.

D: none

Gen: dx. 0 none

Prostate is enlarged but not firm.

Symptomatic prostatic.

A: hematospermia. Prob. bly prostate related.

P: Sept 05 b² C⁶ x 3 ul

Fluor 0.4, 2D x 3 ul

Flu 2 weeks

26 Aug 17

B² has to Flu - above. Continues to take med 5 SS. He had ejaculated to see if blood is gone. His frequency + hesitancy has improved though. He will complete med + Flu as needed.

7/10/18 1345 C-2

Nere had questions about his Nep. treatments whether or not wants eyes tested. Did show him vaccination records and asked well take care of eyes. Villalobos

10/1/18

5. Done for hematospermia. 8/17 Ab, on Δ. AB² ER was 2015 with HIV. No urinary STD.

12/4/19 15

5. Done for hematospermia. 9/16

216

1. PP1. Hematospermia - ✓ UA norm + norm. AAFD HD.

2. Fluor - ✓ 1/65 + norm i. on a

Allergy ANDA

ORTIZ-RICO, OMAR
13777922
03/22/1987

[illegible]

Allergy: NIL

Name:
SID#_____
DOB_____

ORTIZ-RICO, OMAR
13777922
03/22/1987

Q 162B

Oregon Department of Corrections
PARAMETER FLOW SHEET

Attachment 2
P-E-09

Segregation Date/Time Admitted 9/28/16 @ 1600		No Referral	Concerns	Sick Call	Medical Referral	M.H. Referral	Dental Referral											Signature
Date	Time																	
9/28/16	1600	Isu Admit/Transport/Inmate												Williams, R. RN				
29	712	X													16			
30	0710	X													SG			
10/1/16	0720	X													Flower, R. RN			
2	0700	X													Flower, R. RN			
3	0700	X																
4	0620	X																
5	0700	X																
6	0659	X																
7	0645	X																
8	0705	X																
9	0718	X																
10	0650	X																
11	07	X																
12	0700	X																
13	0742	X																
14	07	X																
15	0640	X																
16	0645	X																
Notes:																		
17	07	X																
18	07	X																
19	0630	X																
20	07	X																
21	0655	X																
22	0710	X																
23	0645	X																
24	0635	X																
25	700	X																

Allergy: NKDA

DSA41

Name ORTIZ - RICO, JOSE
SID# 1377922
DOB

[illegible]

Allergy: NKDN

Name Ortiz-Rico, Jose
SID# 1377922
DOB

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Ortiz-Rico, Omar DATE & TIME 4/12/19 0926 INST. DNS ☐
 # 13777922

ALLERGIES: NADA

SEND DUPLICATE TO PHARMACY

NAME: Ortiz-Rico, Omar DATE & TIME 10/11/18 1200 INST. DNS ☐
 # 13777922

Prescribed by CM, NDA, VHA, PM, CAZ, 1mg RTZ, HCV
 UA-MCN & Ph T

ALLERGIES: NADA 1230

SEND DUPLICATE TO PHARMACY

NAME: Ortiz-Rico, Omar DATE & TIME 15 Aug 17. INST. ZRCI DNS ☐
 # 13777922

Sept DS to 810 x 3 weeks
 2) Flare 0.4g to 80 x 3 weeks
 3) Epi in 2 weeks

ALLERGIES: NADA

SEND DUPLICATE TO PHARMACY

NAME: Ortiz-Rico, Omar DATE & TIME 9/19/16 0816 INST. CCF DNS ☐
 # 13777922

CCM-486

NAME

ASAP
 NOT STAT < URINE GC/CT
 RPR, HIV 1/2

ALLERGIES: NADA

SEND DUPLICATE TO PHARMACY

Pengm
PA

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)

DATE TIME PROB.#

Rescheduled due to lock down ~~Revised~~

NAME

4. WPS/Exakter - Filter sehr subtil

Allergy _____ NKDA

CD 495H (12-07)

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: ORTIZ, Jose DATE & TIME _____ INST. _____ DNS ☐
 # 13777922

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: ORTIZ, Jose DATE & TIME _____ INST. _____ DNS ☐
 # 13777922

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: ORTIZ, Jose DATE & TIME 4/30/19 INST. SNCT DNS ☐
 # 13777922

ORTIZ-RICO, JOSE OMAR SID: 13777922
 HYDROCOD/APAPAAA 5/325MG TAB (NORCO)
 TAKE 1 TABLET ORALLY 4 TIMES DAILY FOR
 FIVE DAYS - CONTROL BY STAFF
 START: 04/30/19 STOP: 05/04/19

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: ORTIZ, Jose DATE & TIME 4/30/19 INST. SNCT DNS ☐
 # 13777922

ORTIZ-RICO, JOSE OMAR SID: 13777922
 AMOXICILLIN^ 500MG CAP (AMOX500) @
 TAKE ONE CAPSULE(S) THREE TIMES A DAY BY
 MOUTH FOR TEN DAYS (FILL IN BLANK CARD USED)
 - OK IN CELL
 START: 04/30/19 STOP: 05/09/19

ORTIZ-RICO, JOSE OMAR SID: 13777922
 METHYLPREDNISOLONE^(#21 TABS) 4MG DC
 TAKE AS DIRECTED PER PACKAGE
 INSTRUCTIONS - OK IN CELL
 START: 04/30/19 STOP: 05/05/19

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.



Tuality Healthcare

June 25, 2019

Oregon Department of Corrections – Inmate Mail
Snake River Correctional Institution
C/O Jose Omar Ortiz Rico
777 Stanton Blvd.
Ontario, OR 97914

Tuality Healthcare
Patient Relations
tel 503-681-4357

patientrelations@tuality.org
www.tuality.org

335 SE 8th Ave.
Hillsboro, OR 97123

Dear Mr. Ortiz Rico,

Thank you for contacting OHSU Tuality Healthcare to request a complaint and grievance form. The organization no longer uses these forms; however, we encourage you to write a letter detailing your experience(s). In your letter, please include as much information as you can remember, including the date of service and your expectations for a resolution of your concerns. Please mail the letter to:

OHSU Tuality Healthcare
Patient Relations Department
335 SE 8th Ave.
Hillsboro, OR 97123

Respectfully,

A handwritten signature in black ink, appearing to read "Morgan Michaels", with a long, sweeping horizontal line extending from the end of the signature.

Morgan Michaels, BA
Patient Relations Department
OHSU Tuality Healthcare